

EXHIBIT "C"


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Speciarity Service Communications, Inc.
215 CAREYSVILLE RD.
CAREYSVILLE, MD 21736
21030

COMPLETE THIS SECTION ON DELIVERY

- A. Signature**  ☒ Agent ☐ Addressee
- B. Received by (Printed Name)** *K. Howell* **C. Date of Delivery** *6/9/06*
- D. Is delivery address different from item 1?** ☐ Yes ☐ No
If YES, enter delivery address below:

- 3. Service Type**
- | | |
|--|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input checked="" type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

- 4. Restricted Delivery? (Extra Fee)** ☐ Yes ☐ No

2. Article Number
(Transfer from service label)

RA 016 123 152 45

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

BAITIMORE MD

03 JUN 2006 PM 5 L

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

RECEIVED

JUN 1 2 2006

CONLEY SEGALLS, PALLAS, GREENHALL & FURMAN, P.C.

Nemours Building
1007 Orange Street, Suite 1130
Wilmington, DE 19801

ATTN: ERIC MORZ, ESQ.

(Daisy)

233 0007

1007 Orange Street, Suite 1130
Wilmington, DE 19801